



Making Change Stick: Strategies to Implement and Sustain Change in Today's Healthcare Landscape

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Background

Partnership Rounding (bedside report) is a nurse led patient report that occurs at the bedside during transitions of care and actively involves the patient and family. This evidence-based practice was introduced to our organization in 2008-2009.

In 2010, research [1] conducted at Maine Medical Center (MMC) validated Partnership Rounding to be a best practice to improve patient safety and patient satisfaction.

In 2013, the Agency on Healthcare Research and Quality (AHRQ) published further evidence that bedside report facilitates communication between nurses and their patients and families [2]

Although Partnership Rounding was recognized as best practice, sustaining this practice change has proved to be a challenge.

In September 2013, a taskforce including the co-chairs of the Practice and Quality Councils and a nursing professional development specialist, utilized our Professional Practice Model (Fig. 1) to guide practice and our Collaborative Model of Evidence Translation (CoMET©) (Fig 2) as the framework to re-introduce and sustain Partnership Rounding.

The translation model (CoMET©) emphasizes shared governance and collaboration between the nursing councils. Members of the Nursing Practice and Quality Councils committed to monitor the practice for sustainability.

The team developed innovative strategies to implement and sustain the practice.



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Figure 1. Professional Practice Model



Figure 2. The CoMET©

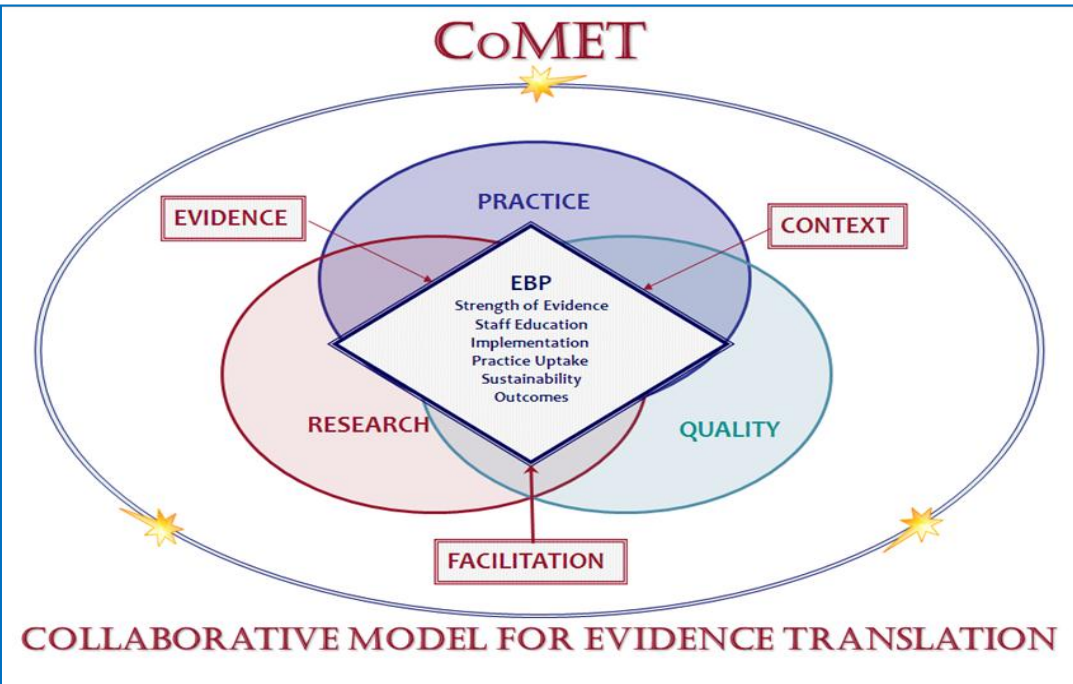



Figure 3. Example from the Toolkit


Bedside Shift Report Checklist

- ☐ Introduce the nursing staff to the patient and family. Invite the patient and family to take part in the bedside shift report.
- ☐ Conduct a verbal SBAR report highlighting the previous shift with the patient and family. Use words that the patient and family can understand.

S = Situation. What brought the patient here?

- Admission date/diagnosis
- Physician/covering service

B = Background. What is the pertinent patient history?

- Pertinent systems review. Report by exception!
- Visually inspect all wounds, incisions, drains, IV sites, IV tubing, catheters/CAUTI bundle, central line dressing condition/date, pumps programmed correctly, I/Bed set/bed alarm on, etc.
- Visually sweep the room for any physical safety concerns.

R = Recommendation. Review tasks that need to be done, such as:

- What is the plan for patient's day?
- Labs or tests needed
- What does the patient need?
- Medications administered
- Educational needs
- Incomplete task from previous shift
- Discharge Plan. Do they have a ride home?

Other tasks:

- ☐ Exit room after asking, "Any immediate needs before I come back after getting report on the rest of my patients?"

Adapted from the Emory University Bedside Shift Report Bundle. Guide to Patient and Family Engagement

Strategies

Leadership Support and Communication

Presented project information and outcomes to

- Nurse Manager/Director kickoff meeting
- Patient Care Services meetings
- Nursing All Councils quarterly meetings

Unit Champions

Units identified champions to engage clinical nurses.

The taskforce

- Educated champions with a focus on role modeling
- Provided champions with a standardized MMC toolkit (Fig. 3) adopted from AHRQ [2]
- Used a staggered roll-out approach among nine nursing units
- Created a forum to share success stories

Data Collection

Three sources of data were examined to demonstrate the impact of Partnership Rounding on nurses' perceptions, patient experience and nurse sensitive clinical indicators (HCAHPS).

1. Nurses were surveyed to evaluate the current practice (Fall 2013) and resurveyed for sustainability (Spring 2014 and Summer 2015)
2. Patients (n=30) are surveyed by interview on each participating unit monthly
 - When a unit sustains the Partnership Rounding practice (>95% of patients respond that "nurses came into my room to do bedside report") for 3 months, then data are collected quarterly
3. HCAHPS outcomes are monitored quarterly

Data Analysis and Continuous Feedback

Data are compiled by the Center for Nursing Research and Quality Outcomes

- Results are shared electronically with the units monthly

Results

Nurses' perceptions of Partnership Rounding improved and they reported doing bedside report more frequently (Fig. 4).

Over time, patients reported more frequently that "Nurses came into my room for bedside report" (see one example, Fig. 5).

Mean scores for the 5 items showed that patients agreed overall that during Partnership Rounding

- Nurses encouraged patients to ask questions
- Nurses did not use unfamiliar words
- Patients understood their plan of care
- Patients shared in the decisions for their nursing care
- Patients felt that bedside report was helpful

HCAHPS scores improved for "Nurses listened carefully to you" (see one example, Fig. 6), "Nurses explained things understandably" and "Nurses treated you with courtesy and respect".

Conclusions

Clinical nurses championed the practice change and engaged their peers to support Partnership Rounding and assist with data collection.

Hospital-wide practice changes require planning, education, feedback and time.

Continuous data collection, monthly feedback to units, regular Council updates and evaluation of the effects of Partnership Rounding on the patient experience help to sustain the practice.

The taskforce remains active to ensure the initiative creates an empowering culture of bedside report and sustains improved outcomes.

Next Steps

Data collection and feedback will continue.

A peer review process to assess Partnership Rounding by clinical nurses was recently trialed and will be expanded to other nursing units.

Electronic data collection via SharePoint© is being considered.

Figure 4. Nurses' Survey Results between 2013-2014

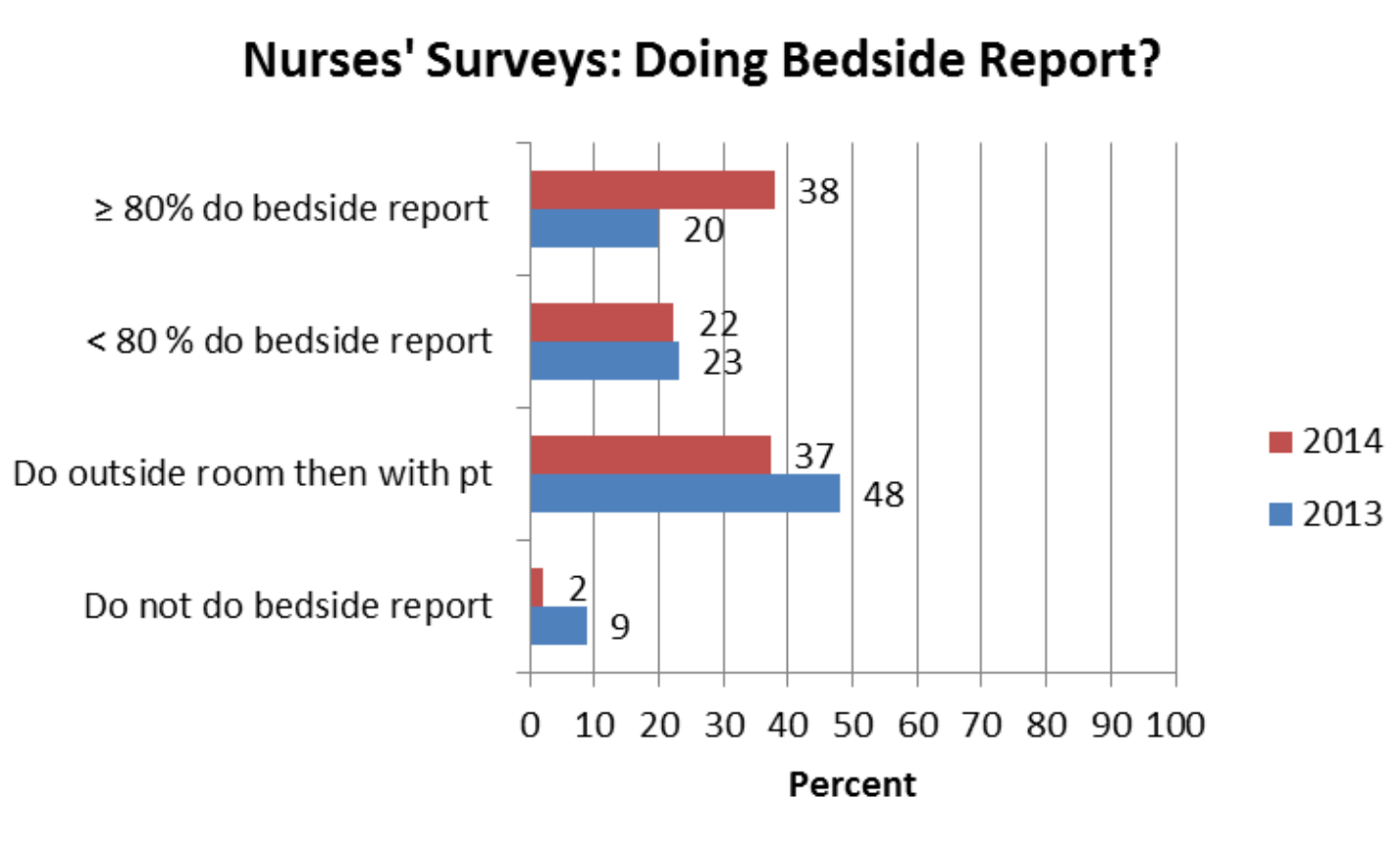


Figure 5. Patients' Survey Results: Med-Surgical Unit

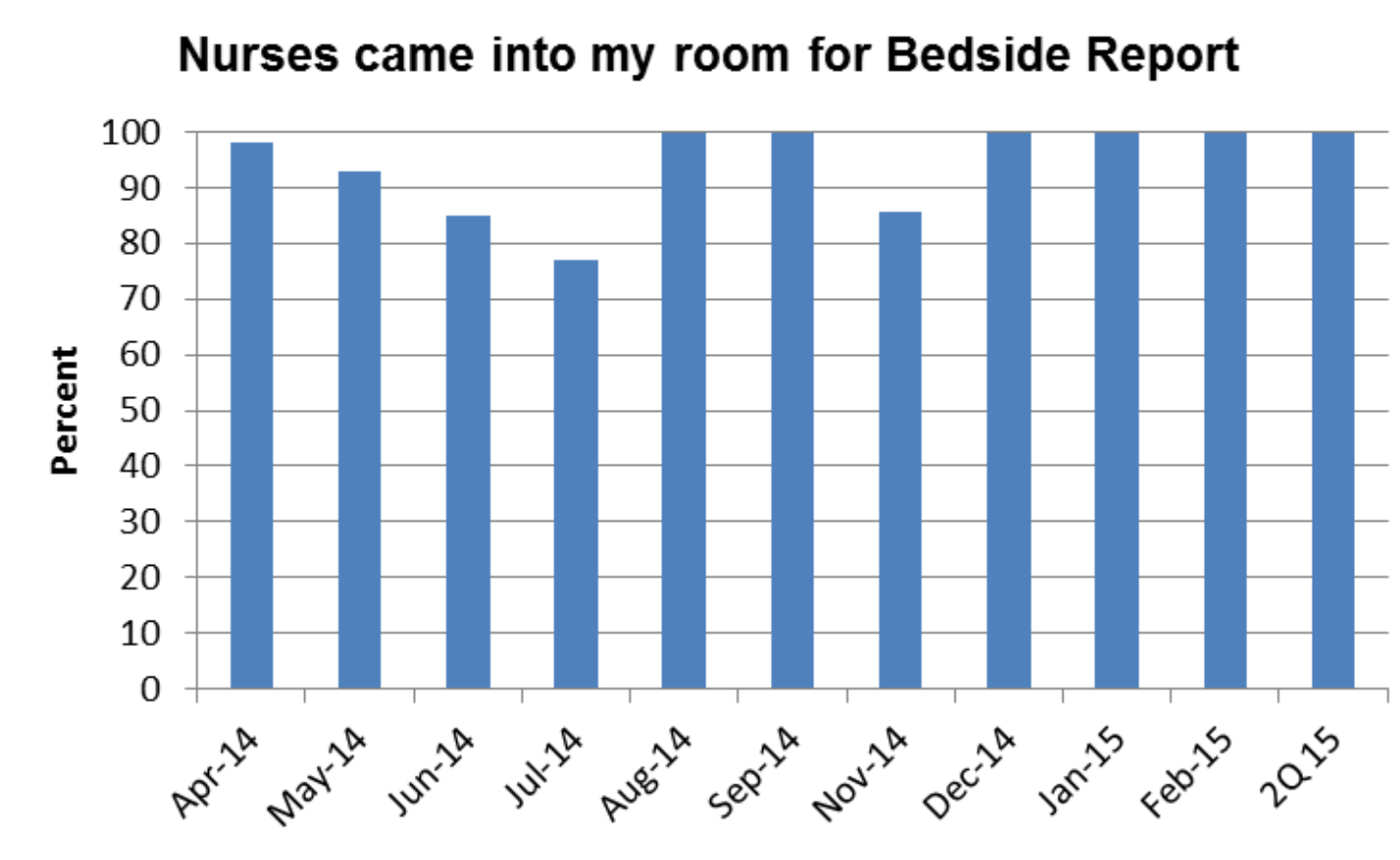
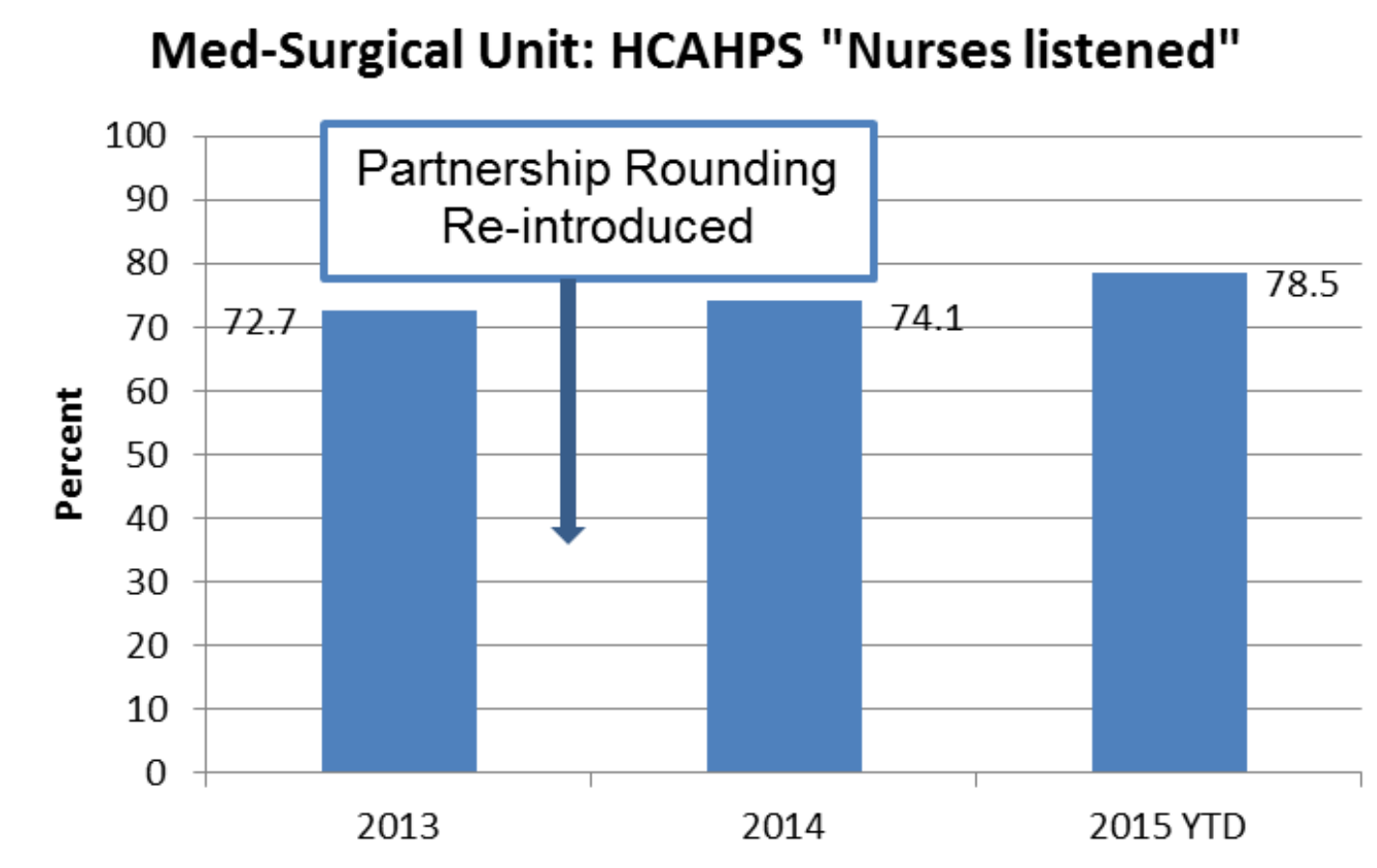


Figure 6. HCAHPS Results: Med-Surgical Unit



References

- [1] Grant, B. & Colello, S. (2010, Oct). Culture change through patient engagement. *Nursing* 2010, 40(10),50-52.
- [2] Agency for Healthcare Research and Quality (2013, June). Strategy 3: Nurse Bedside Shift Report Implementation Handbook. Rockville MD: AHRQ. <http://www.ahrq.gov/professionals/systems/hospital/engagingfamilies/strategy3/index.html>